

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Nov 15, 2002 8:
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N99000002722

1. Corporation Name

REGATTA AT BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

10350 W. Bay Harbor Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bay Harbor Island, FL

City & State

Zip

33154

Country

USA

Zip

Country

4. Date Incorporated or Qualified
 To Do Business in Florida

5/4/99

5. FEI Number

061575242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
 for a Certificate of Status

REINSTATEMENT

Handwritten initials

7. Name and Address of Current Registered Agent

Name

John Ritter

Street Address (P.O. Box Number is Not Acceptable)

555 NE 15 Street

Suite, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33132

600009120758
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
 Registered Agent

Handwritten signature of John A. Ritter

REGISTERED AGENT MUST SIGN

Date

11/5/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Elliott J. Sharaby	10350 W. Bay Harbor Dr.	Bay Harbor Island, FL 33154
D,VP	Mary Doyle	10350 W. Bay Harbor Dr.	Bay Harbor Island, FL 33154
D,S,T	Lori Gamel	10350 W. Bay Harbor Dr.	Bay Harbor Island, FL 33154

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Handwritten signature of Elliott J. Sharaby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/02

Daytime Phone #

305-864-9102

CR2E081 (9/01)

Handwritten date: 11/15/02